

**Intensive Behavior Residential Services/Harold Jordan Center - Day One
Admissions Referral Intake Sheet**

BACKGROUND INFORMATION

Program(s) Requested	Intensive Behavior Residential Services (IBRS)		
	Day One/Harold Jordan Center Intermediate Care Facility		
Person's Name			
Date of Birth			
Current Address			
Contacts	Name	Phone	E-mail
ISC			
Conservator			
Behavior Analyst			
Primary Care Physician			
Psychiatrist			
Consent for Referral (Signature of Person or Conservator)	As conservator for the above named person, I consent to admission and the treatment offered within the requested program. X		
Reason for Referral (Describe current difficulties in 100 words or less)			
Likely benefit of the Proposed Placement (Describe likely benefit in 200 words or less)			
DIDD Level of Funding (1-6)			
Describe current home situation. (Housemates? Level of Independence?)			
Day Activities: (Describe the person's Daily Life Routine)			

PSYCHIATRIC INFORMATION

Current Mental Health Diagnoses (Clinical and Personality Disorders)	
Intellectual Disability Diagnosis (Include dates of assessment, IQ, and Adaptive Scores)	
Other Historical Diagnoses	
List current psychotropic	

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medications and doses	
History of Inpatient Psychiatric Treatment (Include admission date, reason, length of stay, and outcome)	
Recent Change in Mental Health Symptoms	
Substantiated and unsubstantiated abuse history (please provide details)	
History of suicidal and homicidal statements and other behavior	

MEDICAL INFORMATION

Current Weight	
Have there been changes in weight over the past year? (Describe)	
Medication/ Food Allergies Does the person have allergies to food or medications? If so, list the food or medication that the person is allergic to and the reaction. Is the person on a special diet? (Regular, Diced, or Pureed)	
Physical Health Diagnoses List any medical diagnoses or physical health problems that the person may have (blindness, hearing loss, arthritis, etc.)	
Genetic Diagnoses	
Sleep Pattern (Describe sleep in terms of a 24-hour day)	
Assistive Devices (wheelchair, walker, etc.)	

BEHAVIOR INFORMATION

Problem Behavior and Primary and Secondary Functions	Behavioral Description	Functions
	Physical Aggression –	
	Self-Injury -	
	Property Destruction -	
	Elopement -	
	Sexually Offensive/Inappropriate Behavior-	

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Frequency, Intensity, and Duration of Behaviors that pose a risk of harm to self or others.		<u>Frequency</u>	<u>Intensity</u>	<u>Duration Range in Minutes</u>
	<u>Physical Aggression</u>	/Day: /Week: /Month:	Severity/Type of Injury to others:	
	<u>Self-Injury</u>	/Day: /Week: /Month:	Severity/Type of Injury to self:	
	<u>Property Destruction</u>	/Day: /Week: /Month:	Range of Monetary Value:	
	<u>Elopement</u>		Distance from Home:	
	<u>Sexually Offensive Behavior</u>	/Day: /Week: /Month:		

LEGAL INFORMATION (all referrals)

Brief Summary of History of Forensic Evaluation Conclusions (e.g., competency to stand trial)	
Brief Summary of History of Competency Training	
Brief Summary of History of Involuntary Commitment	

DOCUMENT ATTACHMENTS (all referrals)

Document	Check When Complete
Historical clinical assessments (medical, psychiatric, behavior, therapies)	
Behavior Support Plan and Most Recent CSMR or Follow Up Note.	